TINA-AVALON R-II SCHOOL SUMMER SCHOOL ENROLLMENT & PERMISSION SLIP JUNE 2013

Summer school dates for 2013 are June 3 through June 14, Monday through Friday. The daily schedule is 8:00 a.m. through 3:00p.m.

Each day, reading, writing and math skills will be incorporated into the daily theme. Our goal is to create a learning environment that is educational and fun for the students. **Once again, we will be serving breakfast and lunch at summer school! This will be free!**

The State of Missouri provides funding for summer school. The amount of that funding is based on summer school attendance. Please make every effort to ensure that your child attends regularly. All students will be awarded a prize for attending summer school with the best prizes going to students with perfect attendance.

On field trips, casual dress is fine. Please dress your child appropriately for weather conditions. The school will pay for all tickets and admissions. Specific information concerning times, money for snacks, souvenirs, etc., will be provided as plans are finalized. Tentative plans include fishing and canoeing, an afternoon with the Chillicothe Mudcats, and swimming at the Chillicothe Aquatic Center. Other local presentations, not yet scheduled, will be offered to the students.

I hereby give my consent for my child to attend the Tina-Avalon summer school; its activities and field trips. I also agree not to hold the school district or any of its employees or agents liable for any accidents or injuries caused by my child's negligence or misbehavior. In case of an emergency, I give my consent for the school and its representatives to obtain medical care as is reasonably necessary for the welfare of my child.

Parent/Guardian Signature

Student's Name

Please check student's 2013-2014 grade level:

___ K __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12

My child (check one) ___ is __ is not covered by basic accident insurance

Insurance Company Provider

Name of person to contact in case of emergency

Home phone and emergency telephone number(s)

Any additional parental instructions (medications, allergies, etc.)

My child will need bus transportation mornings: (check one) ___ YES ___ NO

My child will need bus transportation afternoons: (check one) ___ YES ___ NO